

EXHIBIT 1

CERTIFIED POLICY

This certification is affixed to a policy which is a true and accurate copy of the document in the company's business records as of the date shown below.

No additional insurance is afforded by this copy.

THE CHARTER OAK FIRE INSURANCE COMPANY
THE PHOENIX INSURANCE COMPANY

Name of Insuring Company(ies)

UB-874K2773 01/01/00 to 01/01/01 05/05/2023

Policy Number(s) Policy Period(s) Date


Kenneth Kupec, Second Vice President
BI Document Management

RECORDS RETENTION



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER (Pvydn-ub-874k277-3-00)
RENEWAL OF (Pvydn-ub-874k277-3-99)

INSURER: SEE INFO PAGE SCHEDULES

NCCI CO CODE: 12610

1. INSURED:

WASHINGTON PENN PLASTICS CO.
2080 N. MAIN STREET
WASHINGTON PA 15301

MEYER & ECKENRODE INC
200 THIRD AVE
CARNEGIE
PA 15106

Insured is A CORPORATION

Other work places and identification numbers are shown on the schedule(s) attached.

2. The policy period is from 01-01-00 to 01-01-01 12:01 A.M. at the Insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

AZ CT GA IL MD MI PA SC TN

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$ 100,000 Each Accident
Bodily Injury by Disease: \$ 500,000 Policy Limit
Bodily Injury by Disease: \$ 100,000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

AL, AR, CA, CO, DE, DC, FL, ID, IN, IA, KS, KY, LA, ME, MA, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, OK, OR, RI, SD, TX, UT, VT, VA, WI, HI

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY

DATE OF ISSUE: 01-05-00 FM DOWN
OFFICE: PITT 170 DISTRICT: C-01
PRODUCER: MEYER & ECKENRODE INC F3579



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

A Custom Insurance Policy Prepared for:

WC 00 00 00 (A)

The Travelers Insurance Companies
 (Each a Stock Insurance Company)

Hartford, Connecticut

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational dis-

ease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE – WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;

2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law.

Enforcement may be against us or against you and us.

4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO – EMPLOYERS LIABILITY INSURANCE**A. How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. bodily injury intentionally caused or aggravated by you;
6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions.
8. bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws.

B. We Will Pay

We will pay all sums you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. for which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. for care and loss of services; and
3. for consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee;

provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

4. because of bodily injury to your employee that arises out of and in the course of employment,

9. bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws.
10. bodily injury to a master or member of the crew of any vessel.
11. fines or penalties imposed for violation of federal or state law.
12. damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgement as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is ex-

hausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below:

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident – each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease – policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease – each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgement.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE – OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if

we are not permitted to pay the benefits directly to persons entitled to them.

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR – YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE – PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. All your officers and employees engaged in work covered by this policy; and
2. All other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy

ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX – CONDITIONS

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While

they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.

2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

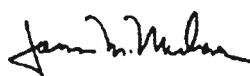
3. The policy period will end on the day and hour stated in the cancellation notice.

4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

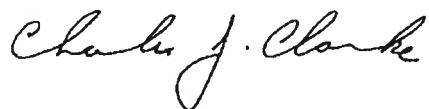
E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

In witness whereof, the company has caused this policy to be signed by its President and Secretary at Hartford, Connecticut and countersigned on the Information page by a duly authorized agent of the company.



Secretary



President

WC 00 00 00 (A)



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

INFORMATION PAGE WC 00 00 01 (A)
POLICY NUMBER (P V Y D N - U B - 8 7 4 K 2 7 7 - 3 - 0 0)

CLASSIFICATION SCHEDULE

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
-----------------	---------	--	---------------------------------------	--------------------------------

SEE EXTENSION OF INFORMATION PAGE - SCHEDULE (S)

SIC CODE: 2821

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	\$ 178863
PREMIUM DISCOUNT	20204
090C-39 EXPENSE CONSTANT	230
TOTAL ESTIMATED PREMIUM	158889
TAXES AND SURCHARGES	4715
DEPOSIT AMOUNT DUE	163604

MINIMUM PREMIUM: \$ 735

FIELD

DATE OF ISSUE: 01-05-00 FM
OFFICE: PITT 170 DISTRICT: C-01
PRODUCER: MEYER & ECKENRODE INC F3579 COUNTERSIGNED-AGENT



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)
POLICY NUMBER (PVYDN-UB-874K277-3-00)

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

15318-AZ

INSURED'S NAME: WASHINGTON PENN PLASTICS CO.

RATING MODE: COUNTRYWIDE DIVIDEND TABLE D

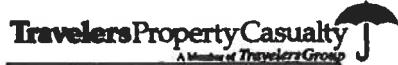
RATE BUREAU ID: 917823871

CLASSIFICATIONS	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 FEIN 251196198 ENTITY CD 001 WASHINGTON PENN PLASTICS CO.				
NO BUSINESS LOCATION	AZ 99999			
SALESPERSONS-OUTSIDE	8742	40000	0.35	140

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION	\$	140
EXPERIENCE MODIFICATION .80 MODIFIED PREMIUM		112
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		112
8.60% PREMIUM DISCOUNT		10
EXPENSE CONSTANT		NONE
TOTAL ESTIMATED PREMIUM		102
DEPOSIT AMOUNT DUE		102

DATE OF ISSUE: 01-05-00 FM

SCHEDULE NO: 1 OF MORE



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)
POLICY NUMBER (PVIDN-UB-874K277-3-00)

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

15318-CT

INSURED'S NAME: WASHINGTON PENN PLASTICS CO.

RATING MODE: COUNTRYWIDE DIVIDEND TABLE D

RATE BUREAU ID: 917823871

CLASSIFICATIONS	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 FEIN 251196198 ENTITY CD 001 WASHINGTON PENN PLASTICS CO. 2080 N. MAIN STREET WASHINGTON	PA 15301	8742	100000	0.79
SALESPERSONS-OUTSIDE				790

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION	\$	790
EXPERIENCE MODIFICATION .80 MODIFIED PREMIUM	632	
DEVIATION (9034) -10%	63	
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	569	
10.30% PREMIUM DISCOUNT	59	
EXPENSE CONSTANT	NONE	
TOTAL ESTIMATED PREMIUM	510	
10.00% CT SECOND INJURY FUND SURCHARGE	57	
2.50% CT ASSESSMENT FUND	14	
DEPOSIT AMOUNT DUE	581	

DATE OF ISSUE: 01-05-00 FM

SCHEDULE NO: 2 OF MORE



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)
POLICY NUMBER (PVYDN-UB-874K277-3-00)

INSURER: THE PHOENIX INSURANCE COMPANY
INSURED'S NAME: WASHINGTON PENN PLASTICS CO.
RATING MODE: COUNTRYWIDE DIVIDEND TABLE D

12610-GA

RATE BUREAU ID: 917823871

CLASSIFICATIONS	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 FEIN 251196198 ENTITY CD 001 WASHINGTON PENN PLASTICS CO.				
NO BUSINESS LOCATION	GA 99999			
SALESPERSONS-OUTSIDE	8742		IF ANY	0.62

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION \$ NONE
EXPERIENCE MODIFICATION .80 MODIFIED PREMIUM \$ NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$ NONE
11.30% PREMIUM DISCOUNT \$ NONE
EXPENSE CONSTANT \$ NONE
TOTAL ESTIMATED PREMIUM \$ NONE
DEPOSIT AMOUNT DUE \$ NONE

DATE OF ISSUE: 01-05-00 FM

SCHEDULE NO: 3 OF MORE



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)
POLICY NUMBER (PVIDN-UB-874K277-3-00)

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

15318-IL

INSURED'S NAME: WASHINGTON PENN PLASTICS CO.

RATING MODE: COUNTRYWIDE DIVIDEND TABLE A

RATE BUREAU ID: 917823871

CLASSIFICATIONS	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 FEIN 251196198 ENTITY CD 001 WASHINGTON PENN PLASTICS CO.				
NO BUSINESS LOCATION	IL 99999			
SALESPERSONS-OUTSIDE	8742	100000	0.49	490

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION \$ 490
EXPERIENCE MODIFICATION .80 MODIFIED PREMIUM 392
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM 392
11.30% PREMIUM DISCOUNT 44
EXPENSE CONSTANT NONE
TOTAL ESTIMATED PREMIUM 348
DEPOSIT AMOUNT DUE 348

DATE OF ISSUE: 01-05-00 FM

SCHEDULE NO: 4 OF MORE



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 C (A)
POLICY NUMBER (PVIDN-UB-874K277-3-00)

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

15318-MD

INSURED'S NAME: WASHINGTON PENN PLASTICS CO.

RATING MODE: COUNTRYWIDE DIVIDEND TABLE D

RATE BUREAU ID: 917823871

CLASSIFICATIONS	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF ANNUAL REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 FEIN 251196198 ENTITY CD 001 WASHINGTON PENN PLASTICS CO.				
NO BUSINESS LOCATION	MD 99999			
SALESPERSONS-OUTSIDE	8742	IF ANY	0.55	

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION	\$	NONE
EXPERIENCE MODIFICATION .80 MODIFIED PREMIUM		NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		NONE
11.30% PREMIUM DISCOUNT		NONE
EXPENSE CONSTANT		NONE
TOTAL ESTIMATED PREMIUM		NONE
DEPOSIT AMOUNT DUE		

DATE OF ISSUE: 01-05-00 FM

SCHEDULE NO: 5 OF MORE



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)
POLICY NUMBER (PVYDN-UB-874K277-3-00)

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

15318-MI

INSURED'S NAME: WASHINGTON PENN PLASTICS CO.

RATING MODE: COUNTRYWIDE DIVIDEND TABLE D

RATE BUREAU ID: 917823871

CLASSIFICATIONS	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 FEIN 251196198 ENTITY CD 001 WASHINGTON PENN PLASTICS CO.				
NO BUSINESS LOCATION	MI 99999			
SALESPERSONS-OUTSIDE	8742	580000	0.66	3828

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION	\$ 3828
EXPERIENCE MODIFICATION .95 MODIFIED PREMIUM	3637
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	3637
11.30% PREMIUM DISCOUNT	411
EXPENSE CONSTANT	NONE
TOTAL ESTIMATED PREMIUM	3226
DEPOSIT AMOUNT DUE	3226

DATE OF ISSUE: 01-05-00 FM

SCHEDULE NO: 6 OF MORE



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)
POLICY NUMBER (PVIDN-UB-874K277-3-00)

INSURER: THE PHOENIX INSURANCE COMPANY 12610-PA
INSURED'S NAME: WASHINGTON PENN PLASTICS CO.
RATING MODE: COUNTRYWIDE DIVIDEND TABLE D

RATE BUREAU ID: 2054675

CLASSIFICATIONS	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL REMUNERATION PREMIUM
LOCATION 001 01 FEIN 251196198 ENTITY CD 001				
WASHINGTON PENN PLASTICS CO.				
2080 N. MAIN STREET WASHINGTON	PA 15301			
1500 WERICH AVENUE WASHINGTON	PA 15301			
RT 136 & 519 EIGHTY FOUR	PA 15330			
2020 NORTH MAIN STREET WASHINGTON	PA 15301			
450 RACE TRACK ROAD WASHINGTON	PA 15370			
LIVESTOCK FARM	0083	30000	5.96	1788
OIL REFINING	0581	6500000	2.88	187200
SALESPERSON-OUTSIDE	0951	340000	0.55	1870

DATE OF ISSUE: 01-05-00 FM

SCHEDULE NO: 7 OF MORE



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER (PVDY-UB-874K277-3-00)

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 (CONT'D)	0953	4200000	0.26	10920

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION	\$ 201778
EXPERIENCE MODIFICATION .983 MODIFIED PREMIUM	198348
SCHEDULE CREDIT (9887) .17 PREMIUM	33719
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	164629
11.30% PREMIUM DISCOUNT	18603
EXPENSE CONSTANT	NONE
TOTAL ESTIMATED PREMIUM	146026
3.18% PA EMPL ASSESSMENT	4644
DEPOSIT AMOUNT DUE	150670

DATE OF ISSUE: 01-05-00 FM

SCHEDULE NO: 8 OF MORE



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)
POLICY NUMBER (PVYDN-UB-874K277-3-00)

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

15318-TN

INSURED'S NAME: WASHINGTON PENN PLASTICS CO.

RATING MODE: COUNTRYWIDE DIVIDEND TABLE D

RATE BUREAU ID: 917823871

CLASSIFICATIONS	CODE	PREMIUM BASIS		
		ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 FEIN 251196198 ENTITY CD 001 WASHINGTON PENN PLASTICS CO.				
NO BUSINESS LOCATION	TN 99999			
SALESPERSONS-OUTSIDE	8742	80000	0.70	560

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION	\$	560
EXPERIENCE MODIFICATION .80 MODIFIED PREMIUM		448
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		448
11.30% PREMIUM DISCOUNT		51
EXPENSE CONSTANT		NONE
TOTAL ESTIMATED PREMIUM		397
DEPOSIT AMOUNT DUE		397

DATE OF ISSUE: 01-05-00 FM

SCHEDULE NO: 10 OF LAST



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 00 01 (A)-001
POLICY NUMBER (PVIDN-UB-874K277-3-00)

LISTING OF ENDORSEMENTS
EXTENSION OF INFO PAGE

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 04 04 (00)-001 PENDING RATE CHANGE ENDORSEMENT
WC 00 04 14 (00)-001 NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 02 06 01 (00)-001 ARIZONA CANCELATION ENDORSEMENT
WC 06 03 01 (00)-001 CT APPLICATION OF WORKERS COMPENSATION
WC 06 03 03 (B)-001 CONNECTICUT WC FUNDS COVERAGE ENDT
WC 10 06 01 (A)-001 GA CANC NONRENEWAL AND CHG ENDT
WC 12 06 01 (B)-001 ILLINOIS AMENDATORY END'T
WC 19 06 01 (00)-001 MARYLAND CANCELATION ENDORSEMENT
WC 21 03 03 (01)-001 MICHIGAN NOTICE TO POLICYHOLDER ENDORSEMENT
WC 21 03 04 (00)-001 MICHIGAN LAW ENDORSEMENT
WC 37 04 05 (00)-001 PENNSYLVANIA MERIT RATING PLAN ENDT
WC 37 06 01 (00)-001 SPECIAL PA ENDORSEMENT -- INSPECTION OF MANUALS
WC 37 06 02 (00)-001 NOTICE INS CONSULTATION SERVICE EXEMPTION ACT
WC 37 06 03 (A)-001 PENNSYLVANIA ACT 86-1986 ENDORSEMENT
WC 99 04 08 (00)-001 PREMIUM DISCOUNT ENDORSEMENT
WC 99 06 07 (00)-001 PARTICIPATING ENDORSEMENT
WC 99 06 09 (00)-001 PARTICIPATING ENDORSEMENT SOUTH CAROLINA

DATE OF ISSUE: 01-05-00 FM

PAGE 1 OF LAST



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 04 (00)-001
POLICY NUMBER (PVYDN-UB-874K277-3-00)

PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in item 3.A of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

SCHEDULE

STATE

CT MD MI



DATE OF ISSUE: 01-05-00 FM

PAGE 1 OF LAST



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 14 (00)

POLICY NUMBER:

NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

DATE OF ISSUE: - - - ST ASSIGN:



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 02 06 01 (00)

POLICY NUMBER:

ARIZONA CANCELATION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Arizona is shown in Item 3.A. of the Information Page.

The **Cancelation** Condition of the policy is replaced by this Condition:

D. Cancelation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation is to take effect.
2. We may cancel this policy if you fail to pay premium when due. We must mail or deliver to you and the Industrial Commission of Arizona not less than thirty days advance written notice stating when the cancelation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancelation notice.

DATE OF ISSUE: - - - ST ASSIGN:



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 06 03 01 (00)

POLICY NUMBER:

**CONNECTICUT APPLICATION OF WORKERS COMPENSATION
INSURANCE ENDORSEMENT**

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Connecticut is shown in item 3.A of the Information Page.

Section A, "How This Insurance Applies," of Part One, "Workers Compensation Insurance," is amended to read as follows:

This workers compensation insurance applies to injury by accident or injury by disease. Injury includes resulting death.

- 1) Injury by accident must occur during the policy period.
- 2) Injury by disease must be caused or aggravated by exposure during the policy period to conditions of your employment.

DATE OF ISSUE: - - - ST ASSIGN:



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 06 03 03 (B)

POLICY NUMBER:

CONNECTICUT WORKERS COMPENSATION FUNDS ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Connecticut is shown in Item 3.A. of the Information Page.

The amount shown on the Information Page for the Connecticut workers compensation fund assessment is required of you under Section 31-345 (Certificate of solvency; assessments; overpayments) of the Connecticut General Statutes. As provided in Section 31-284(c) (Employer rights and liabilities), we will pay these assessments to the Connecticut State Treasurer. The purpose of the assessment is to finance the expenses of administering the law.

THE AMOUNT SHOWN ON THE INFORMATION PAGE FOR THE CONNECTICUT SECOND INJURY FUND SURCHARGE IS REQUIRED OF YOU UNDER CONNECTICUT REGULATIONS TO FINANCE THE CONNECTICUT SECOND INJURY FUND. WE WILL PAY THIS SURCHARGE TO THE CONNECTICUT STATE TREASURER.

DATE OF ISSUE: - - ST ASSIGN:



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 10 06 01 (A)

POLICY NUMBER:

GEORGIA CANCELATION, NONRENEWAL AND CHANGE ENDORSEMENT

This endorsement applies only to the insurance provided by the Policy because Georgia is shown in Item 3.A. of the Information Page.

The Cancelation Condition of the policy is replaced by this Condition:

D. Cancelation, Nonrenewal and Change

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancelation is to take effect, subject to the following:

- a. If only your interest is affected, the effective date of cancelation will be the later of the date we receive notice from you or the date specified in the notice.
- b. If by statute, regulation or contract this policy may not be canceled unless notice is given to a governmental agency or other third party, we will mail or deliver at least 10 days notice to you and the third party as soon as practicable after receiving your request for cancelation.

Our notice will state the effective date of cancelation, which will be the later of the following:

- 1) 10 days from the date of mailing or delivering our notice, or
- 2) The effective date of cancelation stated in your notice to us.

2. We may cancel or nonrenew this policy. We must mail or deliver notice at least 10 days before the effective date of cancelation if this policy has been in effect less than 60 days or if we cancel for nonpayment of premium. If this policy has been in effect 60 or more days and we cancel for a reason other than nonpayment of premium or if we nonrenew this policy, we must send to you a notice of cancelation or nonrenewal by certified mail, return receipt requested, to your last address of record at least 75 days prior to the effective date of cancelation or nonrenewal.

3. If we increase current policy premium by more than 15% (other than any increase due to change in risk, exposure or experience modification or resulting from an audit or auditable coverages), limit or restrict coverage, we must mail by first class mail or deliver a notice of our action (including dollar amount of any increase in renewal premium more than 15%) to you at the last mailing address of record at least 45 days before the expiration date of this policy.

4. The policy period will end on the day and hour stated in the cancelation notice except as provided for above.

DATE OF ISSUE: - - -

ST ASSIGN:



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 12 06 01 (B)

POLICY NUMBER:

ILLINOIS AMENDATORY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Illinois is shown in Item 3.A. of the Information Page.

Part Six (Conditions), Condition A. Inspection, Condition D. Cancelation and Condition E. Sole Representative of the policy are replaced by these four Conditions.

INSPECTION

We have the right, but are not obliged, to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. The National Council Compensation Insurance has the same rights we have under this provision.

CANCELATION

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancelation is to take effect.
2. We may cancel this policy. We will mail to each named insured and to the broker or the agent of record advance written notice stating when the cancelation is to take effect.
3. If we cancel because you do not pay all premium when due, we will mail the notice of cancelation at least ten days before the cancelation is to take effect. If we cancel for any other reason, we will mail the notice:
 - a. at least 30 days before the cancelation is to take effect if the policy has been in force for 60 days or less;
 - b. at least 60 days before the cancelation is to take effect if the policy has been in force for more than 60 days.
4. If this policy has been in effect for 60 days or more, we may cancel only for one of the following reasons:
 - a. Nonpayment of premium
 - b. The policy was issued because of a material misrepresentation.
 - c. You violated any of the material terms and conditions of the policy.
 - d. There are unfavorable underwriting factors, specific to you, that were not present when the policy took effect.
 - e. The Director has determined that we no longer have adequate reinsurance to meet our needs.
 - f. The Director has determined that continuation of coverage could place us in violation of the laws of Illinois.
5. Our notice of cancelation will state our reasons for canceling.
6. The policy period will end on the day and hour stated in the cancelation notice.

NONRENEWAL

1. We may elect not to renew the policy. We will mail to each named insured and to the broker or agent of record not less than 60 days notice stating when the nonrenewal will take effect. If we do not give 60 days but instead give between 31 and 60 days, the policy will automatically be extended for 60 days. If we fail to give 31 days notice, the policy will automatically be extended for one year. Mailing that notice to you at your last known mailing address will be sufficient to prove notice.
2. Our notice of nonrenewal will state our reasons for not renewing.

DATE OF ISSUE: - - ST ASSIGN:

Page 1 of 2



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 12 06 01 (B)

POLICY NUMBER:

3. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. We show you a willingness to renew the policy, or;
 - b. You notify us or the agent or broker who procured this policy that you do not want the policy renewed, or;
 - c. You fail to pay all premiums when due, or;
 - d. You obtain other insurance as a replacement of the policy.

SOLE REPRESENTATIVE

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium or to give us notice of cancellation.

Part Five (Premium), Section G. Audit is replaced by this Section.

AUDIT

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy ends. Information developed by audit will be used to determine final premium. The National Council on Compensation Insurance has the same rights we have under this provision.

DATE OF ISSUE: - - -

ST ASSIGN:

Page 2 of 2



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 19 06 01 (00)

POLICY NUMBER:

MARYLAND CANCELATION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Maryland is shown in item 3.A of the Information Page.

The Cancelation Condition of the policy is replaced by this Condition:

D. Cancelation

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancelation is to take effect.
2. We may cancel this policy. We will file with the Office of the Maryland Workmen's Compensation Commission, and mail by registered mail or deliver to you, not less than 30 days advance written notice stating when the cancelation is to take effect. Mailing this notice to you at your mailing address last known to us will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancelation notice.

DATE OF ISSUE: - - ST ASSIGN:



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 21 03 03 (01)

POLICY NUMBER:

MICHIGAN NOTICE TO POLICYHOLDER ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Michigan is shown in item 3.A of the Information Page.

1. Rates and Premium

The policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact us or your agent.

You may obtain pertinent rating information by submitting a written request to us at our address shown on this endorsement. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your rates and premiums were determined. If you are not satisfied with the results of the review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

2. Payroll Audits

You may request a payroll audit once each calendar year. Your request must be in writing sent to our address shown in this endorsement. You must state that you believe your payroll expenditures have changed by 20% or more, and you must state the reasons for that belief. We will complete the audit within 120 days of receipt of your request if you provide us with all information we need to perform the audit.

3. Reserves or Redemption

You may request reserve and redemption information that relates to the premium for this policy. Your request must be in writing sent to our address shown in this endorsement. We will provide you with that information within thirty (30) days of receipt of your request.

If you believe that the policy premiums are excessive because we set unreasonable reserves or because of the unreasonable redemption of a claim, you may request a meeting with our management representative. Your request must be in writing sent to our address shown in this endorsement. If you are not satisfied with the results of the meeting, you may appeal to the Insurance Commissioner at the address shown in this endorsement.

Addresses

Commissioner of Insurance
Michigan Insurance Bureau
Department of Licensing & Regulation
P.O. Box 30200
Lansing, MI 48909

P.O. Box 3556
1000 Legion Place
Orlando, FL 32802
Telephone Number 1-800-443-4404

DATE OF ISSUE: - -

ST ASSIGN:

Page 1 of 1



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 21 03 04 (00)

POLICY NUMBER:

MICHIGAN LAW ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Michigan is shown in item 3.A of the Information Page.

Michigan law requires that we attach this paragraph to your policy in the language specified by the statute. To help you understand the paragraph, the following definitions are added:

- (1) We are "the insurer issuing this policy"
- (2) You are "the insured employer"
- (3) "Michigan workmen's compensation act" means the Workers' Disability Compensation Act of 1969.
- (4) "Workmen's compensation" means workers' compensation
- (5) "The bureau of workmen's compensation" means the Bureau of Workers' Disability Compensation.

"Notwithstanding any language elsewhere contained in this contract or policy of insurance, the accident fund or the insurer issuing this policy hereby contracts and agrees with the insured employer:

Compensation:

- (a) That it will pay to the persons that may become entitled thereto all workmen's compensation for which the insured employer may become liable under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Medical services:

- (b) That it will furnish or cause to be furnished to all employees of the employer all reasonable medical, surgical, and hospital services and medicines when they are needed which the employer may be obligated to furnish or cause to be furnished to his employees under the provisions of the Michigan workmen's compensation act and that it will pay to the persons entitled thereto for all such services and medicines when they are needed for all compensable injuries or compensable occupational disease happening to his employees during the life of this contract or policy;

Rehabilitation services:

- (c) That it will furnish or cause to be furnished such rehabilitation services for which the insured employer may become liable to furnish or cause to be furnished under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational disease happening to his employees during the life of this contract or policy;

Funeral expenses:

- (d) That it will pay or cause to be paid the reasonable expense of the last sickness and burial of all employees whose deaths are caused by compensable injuries or compensable occupational diseases happening during the life of this contract or policy and arising out of and in the course of their employment with the employer, which the employer may be obligated to pay under the provisions of the Michigan workmen's compensation act;

Scope of contract:

- (e) That this insurance contract or policy shall for all purposes be held and deemed to cover all the businesses the said employer is engaged in at the time of the issuance of this contract or policy and all

DATE OF ISSUE: - - -

ST ASSIGN:

Page 1 of 2



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 21 03 04 (00)

POLICY NUMBER:

other businesses, if any, the employer may engage in during the life thereof, and all employees the employer may employ in any of his businesses during the period covered by this policy;

Obligations assumed:

(f) That it hereby assumes all obligations imposed upon the employer by his acceptance of the Michigan workmen's compensation act, as far as the payment of compensation, death benefits, medical, surgical, hospital care or medicine and rehabilitation services is concerned;

Termination notice:

(g) That it will file with the bureau of workmen's compensation at Lansing, Michigan, at least 20 days before the taking effect of any termination or cancelation of this contract or policy, a notice giving the date at which it is proposed to terminate or cancel this contract or policy; and that any termination of this policy shall not be effective as far as the employees of the insured employer are concerned until 20 days after notice of proposed termination or cancelation is received by the bureau of workmen's compensation;

Conflicting provisions:

(h) That all the provisions of this contract, if any, which are not in harmony with this paragraph are to be construed as modified hereby, and all conditions and limitations in the policy, if any, conflicting herewith are hereby made null and void."

DATE OF ISSUE: - - -

ST ASSIGN:

Page 2 of 2



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 37 04 05 (00)

POLICY NUMBER:

PENNSYLVANIA MERIT RATING PLAN ENDORSEMENT

This endorsement applies to the insurance provided by this policy because Pennsylvania is shown in Item 3.A of the Information page.

The premium for this insurance may be subject to merit rating because your premium may be less than the amount necessary to be eligible for the uniform Experience Rating Plan.

The following premium discount or surcharge will be applied to your manual premium based on your claims during the most recent two year period for which statistics are available.

1. A 5% credit (**discount**) will be applied if you had no compensable employee lost-time injuries - **Statistical Code 9885**.
2. No credit or debit will be applied if you had one (1) compensable employee lost-time injury - **Statistical Code 9884**.
3. A 5% debit (**surcharge**) will be applied if you had two (2) or more compensable employee lost-time injuries - **Statistical Code 9886**.

DATE OF ISSUE: - - ST ASSIGN:



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 37 06 01 (00)

POLICY NUMBER:

SPECIAL PENNSYLVANIA ENDORSEMENT – INSPECTION OF MANUALS

The manuals of rules, rating plans, and classifications are approved pursuant to the provisions of Section 654 of the Insurance Company Law of May 17, 1921, P.L. 682, as amended, and are on file with the Insurance Commissioner of the Commonwealth of Pennsylvania.

DATE OF ISSUE: - - ST ASSIGN:



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 37 06 02 (00)

POLICY NUMBER:

**NOTICE
INSURANCE CONSULTATION SERVICES EXEMPTION ACT**

This notice is issued by that member of The Travelers Insurance Companies which issued your insurance policy and shall be attached to and become a part of your policy.

This Notice is provided to you pursuant to the law of the Commonwealth of Pennsylvania effective January 1, 1981 and known as the "Insurance Consultation Services Exemption Act", which generally provides that "the furnishing of, or failure to furnish, insurance consultation services related to, in connection with or incidental to a policy of insurance shall not subject the insurer, its agents, employees or service contractors to liability for damages from injury, death or loss occurring as a result of any act or omission by any person in the course of such services."

Such immunity does not apply: (I) where the injury occurred during the actual performance of consultation services and was caused by the negligence of the insurer; (II) with respect to consultation services performed pursuant to a written service contract not incidental to a policy of insurance; and (III) in any action against an insurer in which it is judicially determined that any act or omission resulting in damages constituted a crime, actual malice or gross negligence.

The Travelers may make such inspection in accordance with provisions of our policies.

DATE OF ISSUE: - - ST ASSIGN:



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 37 06 03 (A)

POLICY NUMBER:

**PENNSYLVANIA ACT 86-1986 ENDORSEMENT
NONRENEWAL, NOTICE OF INCREASE OF PREMIUM, and RETURN OF
UNEARNED PREMIUM**

This endorsement applies only to the insurance provided by the policy because Pennsylvania is shown in Item 3.A. of the Information Page.

The policy conditions are amended by adding the following regarding nonrenewal, notice of increase in premium, and return of unearned premium.

Nonrenewal

1. We may elect not to renew the policy. We will mail to each named insured, by first class mail, not less than 60 days advance notice stating when the nonrenewal will take effect. Mailing that notice to you at your mailing address last known to us will be sufficient to prove notice.
2. Our notice of nonrenewal will state our specific reasons for not renewing.
3. If we have indicated our willingness to renew, we will not send you a notice of nonrenewal. However, the policy will still terminate on its expiration date if:
 - a. you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

Notice of Increase in Premium

1. We will provide you with not less than 30 days advance notice of an increase in renewal premium of this policy, if it is our intent to offer such renewal.
2. The above notification requirement will be satisfied if we have issued a renewal policy more than 30 days prior to its effective date.
3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

Return of Unearned Premium

1. If this policy is canceled and there is unearned premium due you:
 - a. If the Company cancels, the unearned premium will be returned to you within 10 business days after the effective date of cancellation.
 - b. If you cancel, the unearned premium will be returned within 30 days after the effective date of cancellation.
2. Because this policy was written on the basis of an estimated premium and is subject to a premium audit, the unearned premium specified in 1a. and 1b. above, if any, shall be returned on an estimated basis. Upon our completion of computation of the exact premium, an additional return premium or charge will be made to you within 15 days of the final computation.
3. These return of unearned premium provisions shall not apply if this policy is written on a retrospective rating plan basis.

DATE OF ISSUE: - - ST ASSIGN:



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 99 04 08 (00)-001
POLICY NUMBER (PVYDN-UB-874K277-3-00)

PREMIUM DISCOUNT ENDORSEMENT

The premium for the state and other states, if any, listed in item 3.A of the Information Page may be eligible for a discount. The final calculation of premium discount will be determined by our manuals and your premium as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

OTHER POLICIES:

• 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DATE OF ISSUE: 01-05-00 FM

PAGE 1 OF LAST



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 99 06 07 (00)

POLICY NUMBER:

**PARTICIPATING ENDORSEMENT
(Workers Compensation and Employers Liability Policy)**

You shall participate in the earnings of our company, to such extent and upon such conditions as shall be determined by the Board of Directors of our company in accordance with law and as made applicable to this policy, provided you shall have complied with all of the terms of this policy with respect to the payment of premium.

DATE OF ISSUE: - - ST ASSIGN:



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 99 06 09 (00)

POLICY NUMBER:

**PARTICIPATING ENDORSEMENT
(Workers Compensation and Employers Liability Policy)
SOUTH CAROLINA**

The insured shall participate in the earnings of the company, only in accordance with law and with a plan applicable to this policy which has been filed with the Chief Insurance Commissioner of South Carolina, provided the insured has complied with all the terms of this policy with respect to the payment of premium.

Neither dividends nor any factor in their calculation may be guaranteed. By purchasing this policy, the insured obtains no contractual right to a dividend. Dividends are declared in the sole discretion of the governing body of the insurer, in accordance with law. Any representations to the contrary are false.

DATE OF ISSUE: - - ST ASSIGN:

E



THE TRAVELERS COMPANIES
(Each a Stock Insurance Company)
HARTFORD, CT 06183-4040

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

CHANGE DOCUMENT WC 99 99 98 (00)

CHANGE DOCUMENT STUB - WORKERS COMPENSATION							
A/C MONTH	PREMIUM	COMM.	ITEM	A/C MONTH	PREMIUM	COMM.	ITEM
POLICY STATE:	CITY-TOWN CODE:		INSTALLMENTS		RATING MODE:		
			YES <input type="checkbox"/>	NO <input type="checkbox"/>			

POLICY NUMBER: PVYDN-UB-874K277-3-00
NCCI CO CODE: 15318

CHANGE EFFECTIVE DATE: 01-01-00

INSURED'S NAME: WASHINGTON PENN PLASTICS CO

This change is issued by that member of The Travelers Insurance Companies which issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM: \$ STA
ADDITIONAL NON-PREMIUM: \$

RETURN PREMIUM: \$
RETURN NON-PREMIUM: \$

PREMIUM BASIS	ESTIMATED TOTAL	RATES	ESTIMATED
ANNUAL REMUNERATION	PER \$100 OF ANNUAL	REMUNERATION	PREMIUM

CLASSIFICATIONS	CODE
FEIN 251196198 ENTITY CD 001	
WASHINGTON PENN PLASTICS CO	
NO	
BUSINESS	
LOCATION	WI 53005
	8742 IF ANY
	.54
	NIL

ADDING STATE OF WISCONSIN PER ABOVE

DATE OF ISSUE:	11-01-01	CHANGE NO:	1	PAGE:	1
POL EFF DATE:	01-01-00	POL EXP DATE:	<u>01-01-01</u>	AUDIT:	A
OFFICE:	PITTSBURGH 170	DISTRICT:			
PRODUCER:	MEYER & ECKENRODE INC	F3579			

0223581 496

10 COUNTERSIGNED AGENT
0 2 2 3 5 8 1 0 1 9 6



E

THE TRAVELERS COMPANIES
(Each a Stock Insurance Company)
HARTFORD, CT 06183-4040

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

CHANGE DOCUMENT WC 99 99 98 (00)

CHANGE DOCUMENT STUB - WORKERS COMPENSATION							
A/C MONTH	PREMIUM	COMM.	ITEM	A/C MONTH	PREMIUM	COMM	ITEM
12-01	Sta						
POLICY STATE:		CITY-TOWN CODE:		INSTALLMENTS		RATING MODE:	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

POLICY NUMBER: PVYDN-UB-874K277-3-00
NCCI CO CODE: 12610

CHANGE EFFECTIVE DATE: 01-01-00

INSURED'S NAME: WASHINGTON PENN PLASTICS CO

This change is issued by that member of The Travelers Insurance Companies which issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM: \$ STA RETURN PREMIUM: \$
ADDITIONAL NON-PREMIUM: \$ RETURN NON-PREMIUM: \$

PREMIUM BASIS	ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
---------------	-------------------------------------	---------------------------------	--------------------------

CLASSIFICATIONS CODE
WASHINGTON PENN PLASTICS CO
NO BUSINESS LOCATION
NONE NY 12201

8742 IF ANY .71 NIL

ADDING STATE OF NEW YORK PER ABOVE

DATE OF ISSUE:	11-26-01 FAM	CHANGE NO:	1	PAGE:	1
POL. EFF. DATE:	01-01-00	POL. EXP. DATE:	<u>01-01-01</u>	AUDIT:	A
OFFICE:	PITTSBURGH 170	DISTRICT:			
PRODUCER:	MEYER & ECKENRODE INC	F3579			

0224449 961

COUNTERSIGNED AGENT



The Travelers Insurance Companies
(Each a Stock Insurance Company)
Hartford, CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

E

CHANGE DOCUMENT WC 99 99 98 (00)

POLICY NUMBER: UB-874K2773-00

CHANGE EFFECTIVE DATE: 01/01/00

NCCI CO CODE: 12610

INSURER: The Charter Oak Fire Insurance Company

INSURED'S NAME: WASHINGTON PENN PLASTICS CO

This change is issued by that member of The Travelers Insurance Companies which issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM \$ STA
ADDITIONAL NON-PREMIUM \$ STA

RETURN PREMIUM \$ STA
RETURN NON-PREMIUM \$ STA

ADDING STATE OF DELAWARE - ENTITY 001

WASHINGTON PENN PLASTICS CO.
NO BUSINESS LOCATION
NONE DE 19901

CLASS 0951 VERSION 01 - SALESPERSON - IF ANY

DATE OF ISSUE: 03/13/03 LRM

CHANGE NO: 1

PAGE 1

POL. EFF. DATE: 01/01/00

POL. EXP. DATE: 01/01/01

OFFICE: PITTSBURGH 170

PRODUCER: MEYER & ECKENRODE F3579

0 4 0 0 0 0 COUNTERSIGNED AGENT

RECORDS RETENTION



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

CHANGE DOCUMENT WC 99 99 98 (00)
POLICY NUMBER (PVIDN-UB-874K277-3-00)

CHANGE EFFECTIVE DATE: 07-12-00 NCCI CO CODE: 12610
INSURER: THE PHOENIX INSURANCE COMPANY
INSURED's NAME: WASHINGTON PENN PLASTICS CO.

This change is issued by that member of The Travelers Insurance Companies which issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM \$ 10286 RETURN PREMIUM \$
ADDITIONAL NON-PREMIUM \$ 928 RETURN NON-PREMIUM \$

The following state is added to Item 3.A. of the Information Page and forms a part of the policy:
KY

Item 3.C. (OTHER STATES INSURANCE:) of the Information Page has been amended to include the following states:

AL AR CA CO DE DC FL ID IN IA KS LA ME MA MN
MS MO MT NE NH NJ NM NY NC OK OR RI SD TX UT
VT VA WI HI

Tax and Assessment charges amended as follows:
STATE

CT 10.00% CT SECOND INJURY FUND SURCHARGE
03.30% CT ASSESSMENT FUND

The following endorsements are added:

WC 16 06 01 (00)-001
WC 37 06 04 (00)-001
WC 89 06 11 (00)-001
WC 89 06 13 (00)-001

DATE OF ISSUE: 07-20-00FM CHANGE NO: 1 PAGE 1 OF LAST
POL EFF DATE: 01-01-00 POL EXP DATE: 01-01-01
OFFICE: PITT 170 DISTRICT: C-01 AUDIT: A
PRODUCER: MEYER & ECKENRODE INC F3579 COUNTERSIGNED-AGENT



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)
POLICY NUMBER (PVYDN-UB-874K277-3-00)

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

15318-KY

INSURED'S NAME: WASHINGTON PENN PLASTICS CO.

RATING MODE: COUNTRYWIDE DIVIDEND TABLE D

CLASSIFICATIONS	CODE	PREMIUM BASIS		
		ESTIMATED TOTAL	RATES PER \$100 OF ESTIMATED REMUNERATION	PREMIUM REMUNERATION
LOCATION 001 01 FEIN 251196198 ENTITY CD 001 WASHINGTON PENN PLASTICS CO. 290 CHENAULT RD. FRANKFORT	KY 40601	4459	950000 2.56	11500
PLASTICS MFG.: SHEETS, RODS OR TUBES		8810	105500 0.24	120



EXPERIENCE MODIFICATION	NONE	MODIFIED PREMIUM	\$	NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM				11623
11.50% PREMIUM DISCOUNT				1337
EXPENSE CONSTANT				NONE
TOTAL ESTIMATED PREMIUM				10286
9.00% KY SPECIAL FUND ASSESSMENT				926
DEPOSIT AMOUNT DUE				11212

DATE OF ISSUE: 07-20-00 FM